

LI8000190797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

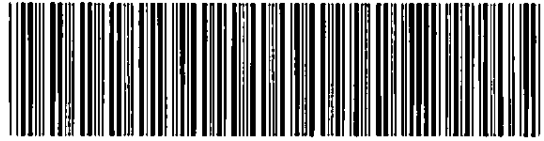
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/04/23--01026--011 \*\*85.00

2023 OCT -4 PM 2:58

FILED

VIA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kelley Painting Services of Florida, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000190797

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Kelley

Name of Person

Kelley Painting Services of Florida, LLC

Name of Firm/Company

1217 Robie Ave

Address

Mount Dora, FL 32757

City/State and Zip Code

amanda@kelleypsfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Kelley

Name of Person

at (352) 267-7854  
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Richard Kelley \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Kelley Painting Services of Florida, LLC.

1217 Robie Ave. Mount Dora, FL 32757

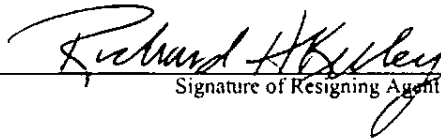
\_\_\_\_\_  
Name of Limited Liability Company

L18000190797

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Richard Kelley

\_\_\_\_\_  
Typed or Printed Name

AMBR

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

2023 OCT -4 PM 2:58

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**